

List of Additional Vendors

School Name: _____

Initiative: _____

Proposed Date of Purchase: _____

Vendor Name: _____

Vendor Phone: _____

Preliminary Invoice Total: \$_____

Expenditure Type: _____

Vendor Name: _____

Vendor Phone: _____

Preliminary Invoice Total: \$_____

Expenditure Type: _____

Vendor Name: _____

Vendor Phone: _____

Preliminary Invoice Total: \$_____

Expenditure Type: _____

Vendor Name: _____

Vendor Phone: _____

Preliminary Invoice Total: \$_____

Expenditure Type: _____